



MIAMI-DADE COUNTY TEEN COURT

19 West Flagler St., M-106
Miami, Florida 33130
Ph. (305) 372-7600
Fax (305) 579-3699

17753 Homestead Avenue
Perrine, Florida 33157
Ph. (786) 293-4500
Fax (786) 293-4504

For Office Use Only:

- ☐ New Volunteer
☐ Returning Volunteer

YOUTH VOLUNTEER APPLICATION

(Confidential Information)

Personal information

NAME: _____ SEX: _____ AGE: _____ DATE OF BIRTH: _____

*RACE (OPTIONAL) _____ *ETHNICITY (OPTIONAL) _____

ADDRESS: _____ CITY AND STATE _____ ZIP CODE: _____

TELEPHONE NO: _____ E-MAIL ADDRESS: _____

PARENT/GUARDIAN'S NAME AND TELEPHONE NO: _____

IN CASE OF EMERGENCY, CONTACT NAME AND TELEPHONE NO: _____

School information

NAME OF SCHOOL YOU ATTEND: _____

EXTRA-CURRICULAR ACTIVITIES: _____
(INCLUDE ACTIVITIES OUTSIDE OF SCHOOL SUCH AS RELIGIOUS AND COMMUNITY ORGANIZATIONS)

Volunteer information

HAVE YOU EVER VOLUNTEERED BEFORE? YES _____ NO _____

IF YES, PLEASE LIST PREVIOUS VOLUNTEER EXPERIENCE: _____

DO YOU HAVE ANY SPECIAL INTERESTS AND/OR TALENTS? _____

HOW DID YOU HEAR ABOUT TEEN COURT? (SEE BELOW) _____

_____ BROCHURE/FLYER _____ FAMILY/FRIENDS
_____ SCHOOL PRESENTATIONS _____ OTHER

* This information is collected for statistical purposes only.

I AM INTERESTED IN SERVING AS A (CHECK ALL AREAS OF INTEREST):

- ☐ **JUROR**
- ☐ **BAILIFF**
- ☐ **CLERK**
- ☐ **DEFENSE OR PROSECUTING ATTORNEY**

PREFERRED COURTROOM LOCATION (SEE LIST BELOW)_____

MONDAY - THURSDAY, EVENINGS BEGINNING AT 5:30 P.M. (EXCEPT HOLIDAYS)

RICHARD GERSTEIN JUSTICE BUILDING (MONDAYS)
1351 NW 12TH STREET, MIAMI, FL - COURTROOM 1 - 3

SOUTH DADE GOVERNMENT CENTER (TUESDAYS)
10710 SW 211 STREET, MIAMI, FL- COURTROOM 2 - 5

NORTH DADE JUSTICE CENTER (WEDNESDAYS)
15555 BISCAYNE BOULEVARD, MIAMI, FL – 2 - 6

HIALEAH CITY HALL (2ND, 3RD AND 4TH THURSDAY OF EVERY MONTH)
501 PALM AVENUE, HIALEAH, FL (COMMISSION CHAMBER – THIRD FLOOR)

PLEASE LIST TWO (2) REFERENCES (NON-RELATIVE AND ONE REFERENCE MUST BE AN ADULT FROM THE SCHOOL YOU ATTEND):

NAME:_____ ADDRESS:_____ TELEPHONE NO:_____

NAME:_____ ADDRESS:_____ TELEPHONE NO:_____

TO THE TEEN COURT VOLUNTEER

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE. I PROMISE TO KEEP ALL TEEN COURT CASE INFORMATION CONFIDENTIAL AND THAT I WILL NOT DIVULGE, EITHER BY WORDS OR SIGNS, ANY INFORMATION THAT COMES TO MY KNOWLEDGE DURING A TEEN COURT CASE PROCEEDING.

YOUTH VOLUNTEER

Date

TEEN COURT COORDINATOR

Date

TO THE PARENT/GUARDIAN:

I have read the information about Teen Court and I give permission for, _____ to participate as a Teen Court Volunteer. As a Parent/Guardian, I understand that all Teen Court volunteers are required to keep all cases CONFIDENTIAL.

PARENT/GUARDIAN'S SIGNATURE

PARENT/GUARDIAN PRINT NAME

DATE